



Complete Summary

TITLE

Intensive care unit (ICU) palliative care: percent of 4-hour intervals (on Day Zero and Day One of ICU admission) for which pain was assessed and documented.

SOURCE(S)

VHA Inc. TICU care and communication bundle: care and communication quality measures. Irving (TX): VHA Inc.; 2006 Sep 15. 8 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for which pain was assessed and documented.

RATIONALE

Palliative care focuses on prevention and relief of suffering, improving communication, promoting concordance between treatment and individual preferences, and facilitating transitions across care settings for patients with life threatening illness and their families. As such, it is increasingly accepted as an integral component of comprehensive intensive care unit (ICU) care for all critically ill patients, including those pursuing every reasonable treatment to prolong life. At the same time, evidence has accumulated that the quality of ICU palliative care needs improvement: patients experience high levels of pain and other distressing symptoms; families fail to understand basic information about

diagnosis, prognosis, or critical care treatments and experience high levels of depression and anxiety; care plans diverge from patients' and families' preferences; and conflict among ICU clinicians, patients, and families is common.

The Institute of Medicine identified improvement of palliative care in the ICU and other care settings as a national health priority. For all healthcare providers and fields, it has also prioritized "closing the gap" between the current knowledge of optimal care and current clinical practice.

This measure is one of ten measures included in a palliative care bundle intended to close the "quality gap" between existing best evidence and current daily practice.

PRIMARY CLINICAL COMPONENT

Intensive care unit (ICU); critical care; palliative care; symptom management; pain assessment

DENOMINATOR DESCRIPTION

Total number of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for patients with an ICU length of stay greater than or equal to 5 Days (this number cannot be greater than 12) (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Total number of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for which pain was assessed and documented (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Overall poor quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Nelson JE, Mulkerin CM, Adams LL, Pronovost PJ. Improving comfort and communication in the ICU: a practical new tool for palliative care performance

measurement and feedback. Qual Saf Health Care 2006 Aug;15(4):264-71. [52 references] [PubMed](#)

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Collaborative inter-organizational quality improvement
Internal quality improvement
Quality of care research

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Unspecified

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Rationale" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

End of Life Care
Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Total number of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for patients with an ICU length of stay greater than or equal to 5 Days (this number cannot be greater than 12)

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for patients with an ICU length of stay greater than or equal to 5 Days (this number cannot be greater than 12)

Note: Definition of 4-hour Interval: A 4-hour interval of patient care (patient-nursing interval). The 4-hour intervals are set at 8 am; 12 pm; 4 pm; 8 pm; 12 am; 4 am.

Exclusions

Intervals for which a patient was not physically available in the ICU (e.g., patient expired; was discharged/transferred out of the ICU (for part of the day); went into the operating room or off the unit for a procedure).

Note: The day of ICU admission is considered Day Zero and the following calendar day beginning at 0001 hours is considered Day One.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Institutionalization

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS**Inclusions**

Total number of 4-hour intervals (on Day Zero and Day One of intensive care unit [ICU] admission) for which pain was assessed and documented

Note

- For patients able to self-report pain, documentation of pain assessment must include the numeric rating obtained from a 0-10 scale or from translation of a visual analogue scale.
- For patients unable to self-report pain (e.g., patient comatose due to sedation or condition/underlying illness who cannot self-report pain using a numeric 0-10 scale or visual analogue scale), documentation of pain assessment must note that the patient was unable to self-report pain, indicate the alternative method used to assess pain (e.g. behavioral pain scale, "assume pain present" approach, or another method that is acceptable both to the institution and to JCAHO), and give the result of the assessment.
- Intervals in which pain assessment is documented for patients unable to self-report pain (along with intervals in which pain assessment is documented for patients able to self-report pain) should be included.

Exclusions

Intervals in which there is no documentation of pain assessment should be excluded.

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Episode of care

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Pilot implementation in a total of 19 intensive care units (ICUs) showed that the measures are feasible and usable and that opportunities exist for quality improvement. Refer to the article by Nelson, et al. for details.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Nelson JE, Mulkerin CM, Adams LL, Pronovost PJ. Improving comfort and communication in the ICU: a practical new tool for palliative care performance measurement and feedback. Qual Saf Health Care 2006 Aug;15(4):264-71. [52 references] [PubMed](#)

Identifying Information

ORIGINAL TITLE

Quality indicator #5: pain assessment.

MEASURE COLLECTION

[Transformation of the Intensive Care Unit \(TICU\) Measures](#)

MEASURE SET NAME

[Care and Communication Quality Measures](#)

DEVELOPER

VHA, Inc.

FUNDING SOURCE(S)

VHA, Inc.

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

Internal VHA, Inc. clinical subject matter experts along with external clinical subject matter faculty experts from various National and local research medical centers/hospitals

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

None; work was not supported by any third party vendors, contractors or for-profit health care companies including suppliers, device makers, or pharmaceutical firms.

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2006 Sep

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

VHA Inc. TICU care and communication bundle: care and communication quality measures. Irving (TX): VHA Inc.; 2006 Sep 15. 8 p.

MEASURE AVAILABILITY

The individual measure, "Quality Indicator #5: Pain Assessment," is published in "TICU Care and Communication Bundle: Care and Communication Quality Measures."

For more information, contact VHA, Inc. at: 220 E. Las Colinas Blvd., Irving, TX 75039; Phone: 1-800-842-5146 or 1-972-830-0626; Web site: www.vha.com.

COMPANION DOCUMENTS

The following are available:

- VHA, Inc. TICU care & communication bundle: data collection sheet. Irving (TX): VHA, Inc.; 2006 Sep 15. 1 p.
- VHA, Inc. TICU care & communication bundle: care and communication quality measures form. Irving (TX): VHA, Inc.; 2006 Sep 15. 2 p.

For more information, contact VHA, Inc. at: 220 E. Las Colinas Blvd., Irving, TX 75039; Phone: 1-800-842-5146 or 1-972-830-0626; Web site: www.vha.com.

NQMC STATUS

This NQMC summary was completed by ECRI on June 27, 2007. The information was verified by the measure developer on July 25, 2007.

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